

Senior Subcabinet Advisory Committee on Health and Wellness
Wednesday, October 26th
Holiday Park Senior Center
SUMMARY

Topics covered:

- Reviewed Commission on Aging Recommendations from Summer Study on Mental Health and Older Adults
- Discussed issues pertaining to older adults and mental health with Kim Burton, Director of Older Adult Programs of the Mental Health Association of Maryland
- Group members made announcements

Resources alluded to during the discussion:

Senior Outreach Team (SORT), 301-572-6585 Ext. 2190 (Voice)

Affiliated Sante provides the following services under contract with Montgomery County Behavioral Health and Crisis Services, Senior Mental Health Program -- 240-777-3990 (Sybil Greenhut)

- **Community Education:** Mental health staff are available to speak to community groups on topics related to senior mental health
- **Consultation Services:** Senior Center Directors, Housing Opportunities commission Resident Counselors and Assisted Living Providers can request a consultation from a mental health professional to assist in the management of a senior.
- **Outreach Mental Health Services for Seniors (a.k.a. “Mobile Treatment Team”):** Home-based mental health services and psychiatric services (English and Spanish language) for seniors who cannot or will not use office based mental health services

Maryland Access Point (MAP)

Provides a single point of entry for people seeking information about and referral to services. Has password protected section for personal information that can be shared with providers, case managers, etc. No wrong door philosophy

MAP website: <http://mhcc.maryland.gov/consumerinfo/longtermcare/MarylandAccessPoint.aspx>

MAP in Montgomery County is the **Senior Resource Line**, which is also known as the **Aging and Disability Resource Unit (ADRU)**, 240-777-3000.

Kim Burton’s email: kburton@mhamd.org

Kim works for the Maryland Mental Health Association, which is affiliated with Mental Health America. The Montgomery County MHA is the state’s strongest affiliate, providing programs in addition to information. Kim’s job includes advocacy and education.

Meeting the needs of people with both physical and psychological issues:

In 2004, the first regulations were written requiring assisted living and nursing home staff to be trained in psychosocial issues. This was an attempt to match the expectations of staff to the abilities of patients.

Topics that staff need to learn about:

Bipolar disorder
Depression
Dementia
Anxiety
Death/dying
Pain
Stress management

Maryland has 1200 regulated AL facilities, all subject to survey by the Office of Healthcare Quality. Montgomery County has the 2nd highest number in Maryland.

Long-term care is a highly regulated industry.

Long term care ombudsmen note these top complaints:

1. Call bells aren't answered
- 2 Residents don't feel respected (in areas such as dignity, privacy, etc.)

Tough: Fewer staff doing hard work with fewer resources.
Hope: We can support the people doing the hard work.

“**Aging**” is a fairly new issue among people with chronic mental illness. Many die early—25 years earlier than people who aren't mentally ill. However, they often present with geriatric-like symptoms at earlier ages. People with long term substance abuse are also aging, as are people newly diagnosed with depression, anxiety, etc.

Risks for depression and anxiety:

1. Low vision
2. Low hearing
3. Cancer
4. Heart disease
5. Hormone thyroid
6. Arthritis

Medications that treat these conditions can be part of the problem.

Cognitive problems and depression: Symptoms can be hard to separate from each other. People forget, worry about dementia, get anxious, and then can't remember!

There are too few geriatric psychiatrists. Most doctors treating psychological problems are primary care physicians. Often they have little knowledge of the impact of age on meds. For example, Ativan can be dangerous for older adults.

Systems are not talking to each other, but the MAP/ADRC infrastructure should help and is conducive to “warm hand-offs.”

Money Follows the Person

One way to bring money to Maryland. Pays for housing services for Medicaid-eligible nursing home patients through the transition from nursing home to community, and then the Medicaid Waiver pays.

- Issues:
Housing (residence must have 4 residents or fewer)
- Behavioral Health (includes mental illness, substance abuse and traumatic brain injury)

MHA is providing consulting services on what to do to address these sorts of needs.

Idea: give life skills while in nursing homes so that transition out won't be so hard.

Program in Connecticut is training attendants, provides counselors to follow along the transition. Training family members.

- Issue: Direct care workforce: Low pay causes turnover. What quality assurance mechanisms are there?

Villages: Grassroots, volunteer driven organizations popping up.

Would be wise to involve Affiliated Sante in training volunteers on warning signs of mental health problems, etc.

Sybil and Kim worked together to train assisted living staff on mental illness

5 hour training, train the trainers; could use another series

Teaching respect: have to feel it yourself to convey it to clients.

Odile mentioned a program in Arlington called **RAFT**. Operates in five jurisdictions in NoVA. Training staff is key.

<http://www.arlingtonva.us/departments/HumanServices/AgingDisability/raft/page65159.aspx>

Medical Home Model being tried in Maryland and other states may help.